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| <i>Index of Claims</i>  | Application/Control No. 10501135 | Applicant(s)/Patent Under Reexamination GIANNESSI ET AL. |
| | Examiner Young, Shawquia | Art Unit 1626 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | | <input type="checkbox"/> CPA | | | | | | | | | | | <input type="checkbox"/> T.D. | | | | | | | | | | | <input type="checkbox"/> R.1.47 | | | | | | | | | | |
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| CLAIM | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final | Original | 11/21/2006 | 06/07/2007 | 11/20/2007 | 05/24/2008 | 08/26/2008 | 03/13/2009 | 11/19/2009 | 03/28/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | ÷ | ✓ | O | = | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | | ✓ | O | = | ✓ | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | | ✓ | O | = | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | | ✓ | O | = | ✓ | O | O | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | | ✓ | O | = | ✓ | = | = | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | | ✓ | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 | | ✓ | O | = | O | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | | N | - | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9 | ÷ | N | N | ✓ | O | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | N | ✓ | O | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | | | O | = | ✓ | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | O | = | ✓ | ✓ | ✓ | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |